

COUNTY COUNCIL OF WICOMICO COUNTY, MARYLAND

2008 Legislative Session

Legislative Day No. 9

Resolution No. 59-2008

Introduced by: The President of the Council at the request of the County Executive

A RESOLUTION CONCURRING WITH AND APPROVING A MODIFICATION TO THE MEMORANDUM OF UNDERSTANDING INTERGOVERNMENTAL WITH THE ALCOHOL AND DRUG ABUSE ADMINISTRATION (ADAA) A UNIT OF THE MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE PROVIDING HALFWAY HOUSE SERVICES FOR MEN RECOVERING FROM SUBSTANCE ABUSE

RECITALS

The Alcohol and Drug Abuse Administration (ADAA) a Unit of the Maryland Department of Health and Mental Hygiene has agreed to provide supplemental funding in the amount of \$8,424.00 for infrastructure needs for Second Wind, Inc.'s Halfway House for men recovering from substance abuse for fiscal years 2008 through 2012.

Wicomico County has designated the Second Wind Halfway House as the sub-recipient of the funds and the provider of the services.

NOW, THEREFORE, BE IT RESOLVED, by the County Council of Wicomico County, Maryland that:

- A. The County Executive of Wicomico County, Maryland is authorized to enter into the Modification to the Memorandum of Understanding with the Alcohol and Drug Abuse Administration, a Unit of the Maryland Department of Health and Mental Hygiene.
B. The Modification to the Memorandum of Understanding shall be in substantially the form attached hereto as Exhibit A and made a part hereof, and in such form the Memorandum of Understanding is hereby approved as to form and content.

Done at Salisbury, Maryland, this 15th day of April, 2008.

ATTEST:

COUNTY COUNCIL OF WICOMICO COUNTY, MARYLAND

Matthew E. Creamer
Council Administrator

John T. Cannon
Council President

CERTIFICATION

This Resolution was Adopted [checked], Adopted with Amendments \_\_, Failed \_\_, Withdraw \_\_ by the County Council on April 15, 2008.

Certified by Matthew E. Creamer, Council Administrator

STANDARD MODIFICATION FORM  
MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
STANDARD MEMORANDUM OF UNDERSTANDING (MOU)  
INTER-AGENCY / INTERGOVERNMENTAL AGREEMENT

Date of Modification: March 24, 2008

Whereas on July 1, 2007 an Agreement entitled Second Wind Halfway House was entered into between Wicomico County Council, hereinafter called the "Government", and the Alcohol and Drug Abuse Administration, a unit of the Maryland Department of Health and Mental Hygiene, hereinafter called the "Department"; and

Whereas, the Agreement commenced on July 1, 2007, and was to terminate on June 30, 2012; with an original agreement amount of \$701,965; and

Whereas, due to various circumstances the Government and the Department now wish to modify certain portions of this Agreement.

Now therefore, the Government and the Department agree that:

- 1) The original Agreement identified above is hereby modified in accordance with the terms and conditions contained in this document.
- 2) Except as modified by the terms and conditions on the attached page(s), all provisions of the original Agreement shall remain in full force and effect.
- 3) The specific terms and conditions which constitute the modification(s) are set forth in item numbers 4, 5, 6, and 7 on page 2 and on any other attached pages of this document.
- 4) The effective date of this modification shall be July 1, 2008.
- 5) The term of this Agreement shall now be same.  
(If terms remain unchanged, enter "same.")
- 6) The dollar amount of this modification (if any) is \$8,424.
- 7) The adjusted Agreement dollar total, including this modification amount, will be \$710,389. (If this mod is at no cost, enter last valid adjusted contract amount.)

Additional terms and conditions which constitute the modification(s) to the previously referenced Agreement:

This modification reflects a supplement to fund a 1.5% increase for infrastructure needs to the Wicomico County Council for Halfway House Services (ASAM Level III.1) at Second Wind, Inc. for fiscal years 2009-2012.

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In acknowledgement of the forementioned, these authorized representatives of the Government and the Department do hereby indicate their consent.

**FOR THE GOVERNMENT**

**FOR THE DEPARTMENT**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Secretary, Department of Health and Mental Hygiene

or

\_\_\_\_\_  
Name (Type or Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title (Type or Print)

\_\_\_\_\_  
Name (Type or Print)

\_\_\_\_\_  
Date of Signing

\_\_\_\_\_  
Title (Type or Print)

\_\_\_\_\_  
Date of Signing

DHMH-OPASS No. \_\_\_\_\_